

FAX COVERSHEET

**TO: Merck Pregnancy Registry Program
Clinical Risk Management and
Safety Surveillance
Merck & Co., Inc.**

**FAX: (267) 305 - 6541
TEL: (267) 305 - 7005**

FROM: _____
Name of sender - please enter name
and address of requester below.

FAX: _____

TEL: _____

DATE: _____

of pages: _____

Message to the Merck Pregnancy Registry:

I am requesting information from the Pregnancy Registry for _____[®]
(name of product must be specified). Please send the latest Annual Report along
with the forms used to collect registry data to the fax number above.

Name: _____

Address: _____

Thank you for your interest in the Merck Pregnancy Registry Program.

CONFIDENTIALITY NOTE: This telefax contains confidential information belonging to Merck & Co. Inc. If you are not the intended recipient, any disclosure, copying or use of this telefax is strictly prohibited and you should immediately notify the sender to arrange for return of the documents.